

Case Number:	CM15-0139451		
Date Assigned:	07/29/2015	Date of Injury:	11/01/2000
Decision Date:	09/24/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained an industrial injury on 11-01-2000. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having status post appendectomy with residual pain, status post lumbar spine surgery with residual pain, lumbar radiculopathy, status post left knee arthroscopy with residual pain, history of erectile dysfunction, anxiety disorder, mood disorder, sleep disorder, and stress. Treatment and diagnostics to date has included lumbar spine MRI dated 01-30-2015 which showed post surgical changes at L4 town to S1 level, disc desiccation, and herniated discs, lumbar spine surgery, chiropractic treatment, and medications. In a progress note dated 04-16-2015, the injured worker reported a pain level of 4-5 out of 10 on the pain scale to the lumbar spine that radiates to the right hip and down the leg. The injured worker also reported left knee pain rated 4-5 out of 10. Objective findings included palpable tenderness to the lumbar paraspinal muscles and over the medial and lateral joint line of the left knee. The treating physician reported requesting authorization for Cyclobenzaprine, Gabapentin, Amitriptyline cream and Capsaicin, Flurbiprofen, Gabapentin, Menthol, Camphor cream.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gms #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compounds.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient was injured on 11/01/00 and presents with low back pain and left knee pain. The request is for CYCLOBENZAPRINE 2%, GABAPENTIN 15%, AMITRIPTYLINE 10%, 180 GMS #1. There is no RFA provided and the patient is temporarily totally disabled from 04/16/15 to 05/14/15. MTUS Guidelines, Topical Analgesics NSAIDs, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended." Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." The patient is diagnosed with status post appendectomy with residual pain, status post lumbar spine surgery with residual pain, lumbar radiculopathy, status post left knee arthroscopy with residual pain, history of erectile dysfunction, anxiety disorder, mood disorder, sleep disorder, and stress. Amitriptyline is a tricyclic antidepressant. MTUS specifically states that Amitriptyline is not recommended and this ingredient has not been tested for transdermal use with any efficacy. The requested compounded cream also contains Gabapentin and Cyclobenzaprine, which are not indicated by guidelines. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. Neither Amitriptyline, Gabapentin, nor Cyclobenzaprine are indicated for topical cream. Therefore, the requested compounded medication IS NOT medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient was injured on 11/01/00 and presents with low back pain and left knee pain. The request is for CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2% 180 GMS. There is no RFA provided and the patient is temporarily totally disabled from 04/16/15 to 05/14/15. MTUS Guidelines, Topical Analgesics NSAIDs, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use

of any other muscle relaxant as a topical product." Capsaicin is indicated for most chronic pain conditions. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. The patient is diagnosed with status post appendectomy with residual pain, status post lumbar spine surgery with residual pain, lumbar radiculopathy, status post left knee arthroscopy with residual pain, history of erectile dysfunction, anxiety disorder, mood disorder, sleep disorder, and stress. MTUS states: "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Gabapentin is not indicated for topical cream. Therefore, the entire compounded product is not recommended. The requested compounded cream IS NOT medically necessary.